

CoverKids Benefit Summary

BENEFIT	FAMILY INCOME AT OR BELOW 150% FPL	FAMILY INCOME BETWEEN 150-250% FPL
Annual Deductible	None	None
Preexisting Condition Requirement	None	None
Physician Office Visit	\$5 copay PCP or specialist	\$15 copay PCP; \$20 copay specialist
Hospital Care	\$5 per admission (waived if readmitted within 48 hours for same episode)	\$100 per admission (waived if readmitted within 48 hours for same episode)
Prescription Drug Coinsurance/Copay	\$1 generic; \$3 preferred brand; \$5 non-preferred brand	\$5 generic; \$20 preferred brand; \$40 non-preferred brand
Maternity	\$5 copay OB or specialist, first visit only; \$5 hospital admission	\$15 copay OB, first visit only; \$20 copay specialist; \$100 hospital admission
Routine Health Assessment and Immunizations	No copays for services rendered under American Academy of Pediatrics guidelines	No copays for services rendered under American Academy of Pediatrics guidelines
Emergency Room	\$5 copay per use in case of an emergency (waived if admitted); \$10 copay per use for non-emergency	\$50 copay per use (waived if admitted)
Chiropractic Care	\$5 copay; Maintenance visits not covered when no additional progress is apparent or expected to occur	\$15 copay; Maintenance visits not covered when no additional progress is apparent or expected to occur
Ambulance Service—Air and Ground	No copay; 100% of reasonable charges when deemed medically necessary by claims administrator	No copay; 100% of reasonable charges when deemed medically necessary by claims administrator
Lab and X-ray	No copay; 100% benefit	No copay; 100% benefit
Physical, Speech and Occupational Therapy	\$5 copay per visit; Limited to 52 visits per year per type of therapy	\$15 copay per visit; Limited to 52 visits per year per type of therapy
Mental Health Inpatient (preauthorization required)	\$5 copay per admission; Limited to 30 days per year	\$100 copay per admission; Limited to 30 days per year
Substance Abuse Inpatient (preauthorization required)	\$5 copay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay
Mental Health/Substance Abuse Outpatient (preauthorization required)	\$5 copay per session; Limited to 52 sessions mental health and substance abuse combined	\$20 copay per session; Limited to 52 sessions mental health and substance abuse combined
Dental Services	\$5 copay per visit; No copay for routine preventive oral exam, x-rays, cleaning and fluoride applicatoin	\$15 copay per visit; No copay for routine preventive oral exam, x-rays, cleaning and fluoride applicatoin
Vision Care	Preventive services (annual exam and glaucoma testing) — No copay; \$5 copay, prescription lenses and frames or contact lenses	Preventive services (annual exam and glaucoma testing) — No copay; \$15 copay, prescription lenses and frames or contact lenses
Annual Out-of-Pocket Maximums	5% of family income	5% of family income